

**Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue / Tulip Drive
Catonsville, Maryland 21228
(410) 402-8511**

**APPLICATION FOR FOREIGN TRAINED DENTISTS
UNIVERSITY OF MARYLAND DENTAL SCHOOL FACULTY
GENERAL LICENSURE BY EXAMINATION**

**COMPLETE THIS APPLICATION ONLY IF YOU SEEK A GENERAL LICENSE TO PRACTICE
DENTISTRY AND YOU ARE A FOREIGN TRAINED DENTIST WHO IS A SPECIALIST, AND
AT THE TIME OF APPLICATION, YOU ARE A FULL-TIME FACULTY MEMBER AT THE
UNIVERSITY OF MARYLAND DENTAL SCHOOL WHO HAS COMPLETED AT LEAST
7 CONSECUTIVE YEARS AS A FULL-TIME FACULTY MEMBER**

Notice for Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Information for Veterans, Service Members, and Military Spouses

Please note the following:

"Veteran" is a former service member who was discharged from active duty under circumstances other than dishonorable within 1 (one) year before the date on which this application has been submitted. "Veteran" does not include an individual who has completed active duty and has been discharged for more than 1 year before the application for a license, certificate, or permit is submitted.

"Service member" is an individual who is an active duty member of the armed forces of the United States, a reserve component of the armed forces of the United States, or the National Guard of any state.

"Military Spouse" is the spouse of a service member or veteran and includes the surviving spouse of a veteran, or a service member who died within 1 (one) year before the date on which the application for licensure is submitted to the Board.

Veterans, service members and military spouses are assigned an advisor to assist in the application process. In addition, the Board will expedite the processing of completed applications for veterans, service members, and military spouses. If you do not meet the education or training or experience requirements for licensure, your advisor will assist you in identifying programs that offer relevant education or training, or ways to obtain the necessary experience.

Your advisor is Deborah Welch, Dentist Licensing Coordinator. Ms. Welch may be reached at 410-402-8511. In Ms. Welch's absence you may contact Mrs. Sandra Sage at 410-402-8510.

Are you a:

Veteran: ☐ Yes ☐ No **Service Member:** ☐ Yes ☐ No **Military Spouse:** ☐ Yes ☐ No

SECTION I –UNIVERSITY OF MARYLAND FACULTY - FOREIGN TRAINED DENTIST

You must answer Yes to all of the questions below. If you cannot answer Yes, you will not qualify to obtain a general license. Please contact Ms. Debbie Welch (410-402-8511) if you have any questions.

- A.** Attached is a written letter of support signed by the Dean of the University of Maryland Dental School stating that the school supported your taking the American Dental Licensing Examination administered by the American Board of Dental Examiners, Inc.

☐ **Yes**

☐ **No**

- B.** Are you currently a full-time faculty member at the University of Maryland Dental School?

☐ **Yes**

☐ **No**

- C.** Have you completed at least 7 consecutive years as a full-time faculty member at the University of Maryland Dental School?

☐ **Yes**

☐ **No**

- D.** Start Date as full-time faculty member: _____

- E.** What license issued by the Maryland State Board of Dental Examiners do you currently hold:

a. ☐ Teaching License

Number:

b. ☐ Limited License

Number:

- F.** Are you recognized as a dental specialist?

☐ **Yes**

☐ **No**

- G.** Check the area of specialty that is applicable to you.

☐ Dental Anesthesiology

☐ Oral and Maxillofacial Surgery

☐ Dental Public Health

☐ Orthodontics and Dentofacial Orthopedics

☐ Endodontics

☐ Pediatric Dentistry

☐ Oral and Maxillofacial Pathology

☐ Periodontics

☐ Oral and Maxillofacial Radiology

☐ Prosthodontics

☐ Other (Please explain on a separate page and attach)

SECTION II – GENERAL INFORMATION

Name:

Last Name

First Name

Middle Initial

**Address of
Record:**

Street Address

City

State

Zip Code

A. Identification Number:

a. Social Security Number:

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b. Work Permit Number:

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(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Date of Birth:

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C. Cell Phone Number:

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D. Home Phone Number:

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E. Work Phone Number:

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F. E-Mail Address:

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G. Gender Identification: ☐ Female ☐ Male

H. Race/Ethnic Identification – Please check all that apply

Are you of Hispanic or Latino origin?

Yes ☐

No ☐

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. ☐ American Indian or Alaska Native

(A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)

2. ☐ Asian

(A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

3. ☐ Black or African American

(A person having origins in any of the black racial groups of Africa.)

4. ☐ Native Hawaiian or other Pacific Islander

(A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

5. ☐ White

(A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

I. Licensure in other states:

List other states or jurisdiction in which you hold or have held a dental license. Include license number(s).

State: _____	License Number: _____
_____	_____
_____	_____

SECTION III - EDUCATION

A. School of Graduation:

Name

Location Including Country

_____ Date of Graduation	_____ Dental Degree Earned: (D.D.S, D.M.D, or equivalent) If other than a D.D.S. or D.M.D. please explain the abbreviation used, i.e.: B.D.S, Bachelor of Dental Surgery
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B. Specialty Training

Has the Maryland Dental Board recognized you as a specialist prior to the date of this application? ☐ **Yes** ☐ **No**

If you answered **No** you must complete the remainder of this SECTION III EDUCATION.

_____ Dental school where specialty was obtained	_____ Dates of attendance	_____ Year certificate rec'd	
_____ Address	_____ City	_____ State	_____ Zip

Enclosed is **certified** proof of completion of an approved specialty training program (such as a copy of certificate or a letter from the school). I understand that an original school certification must be affixed to transcript or diploma documents. Letters from educational institutions on original letterhead, bearing an original signature does not require a raised embossed school seal.

Answer only if you have not completed a specialty training program:

- a. Have you reasonably represented to the public that you were a specialist prior to July 1, 1979? _____ If so, how many years? _____
- b. I hereby certify that I have been specializing in the field of _____ prior to July 1, 1979, and reasonable represented to the public that I was a specialist and limited my practice to the above identified specialty field. The dates during which I have limited my practice to that specialty are _____.
- c. Identify the education and experience on which the applicant's claim to be a specialist is based.

SECTION IV – EXAMINATIONS

- A. Have you passed the National Board Examination(s)? ☐ Yes ☐ No
- B. Date of examination: _____ Location of examination: _____
- C. Have you passed all sections of the American Board of Dental Examiners (ADEX)/North East Regional Board (NERB) examination? ☐ Yes ☐ No
- D. Date of examination: _____ Location of examination: _____

SECTION V - CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section V – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including international jurisdictions, the state of Maryland, or any federal entity denied your application for licensure, reinstatement, or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? If you are under a Board Order or were ever under a Board Order in a state other than Maryland, you must enclose a certified legible copy of the entire Order with this application. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including international jurisdictions, the state of Maryland, by any licensing or disciplinary board or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist license in any jurisdiction been withdrawn for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a university, hospital, Related institution, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, been denied for failure to renew your privileges, or limitation, restriction, suspension, revocation or loss of privileges in a university, hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Do you have criminal charges pending against you in any court of law, excluding minor traffic violations? |

SECTION V - CHARACTER AND FITNESS (CONT'D)

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical condition that impairs your ability to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Do you have a mental health condition that impairs your ability to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you illegally used drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including international jurisdictions, Maryland, or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Have you been named as a defendant in a filing or settlement of a malpractice action? |
| <input type="checkbox"/> | <input type="checkbox"/> | o. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any university, hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons? |

The Well Being Committee assists dentists and their families who are experiencing personal problems. The Committee has helped many dentists over the years with problems such as stress, drug dependence, alcoholism, depression, medical problems, infectious diseases, neurological disorders and other illnesses that cause impairment. For more information, go to **www.dentistwellbeing.com**.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

Release and Certification:

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental licensure in Maryland from any person or agency, including but not limited to the University of Maryland, postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental practice as a licensed dentist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, §4-315.

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, Then personally appeared
the above named _____, and signed and sworn to the truth of
the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

Revised 10-09-19

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Application for Dental Licensure by Examination for University of Maryland Faculty - Foreign Trained Dentists.

Checklist

Please review prior to sending your application package to the Board.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

- ☐ 1. Is your application completed front and back?
 - ☐ Did you sign and have the application notarized?
- ☐ 2. Did you enclose the \$450 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners? (Note: It is a condition of licensure that you be recognized by the Dental Board as a specialist. There is an additional application and one-time fee if you must apply for Board recognition as a specialist).
- ☐ 3. Did you enclose only **one** photo that is between 2x2-inches and 3x3-inches with the required notarized affidavit stating that “the photograph is a true photograph of me”? The photo must meet the following guidelines: taken within the last 2 years to reflect your current appearance; front view of full face from top of hair to shoulders; a natural expression; no hat or head covering that obscures the hair or hairline, unless worn daily for religious purposes; no sunglasses, headphones, wireless hands-free devices or similar items; no other individuals or distractions in the photo. Photos copied or digitally scanned from driver’s licenses or other official documents are not acceptable. In addition, low quality vending machine or mobile phone photos are not acceptable. “Passport” photos are acceptable. Unacceptable photos will be returned and may delay the issuance of your license.
- ☐ 4. Did you request that an original National Board score report be forwarded to the Maryland State Board of Dental Examiners? (**“the Board” will obtain scores**)
- ☐ 5. Did you enclose a certified American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) examination report from the Commission on Dental Competency Assessments (CDCA)? (**“the Board” will obtain scores**)
- ☐ 6. Did you enclose a certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license?
- ☐ 7. Did you enclose documentation of legal name change (i.e. marriage certificate or court documents) if the documents sent with the application are in another name?

- ☐ 8. Did you enclose the Maryland State Jurisprudence Examination and the notarized affidavit form along with the \$50.00 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?
- ☐ 9. A copy of the Applicant's National Practitioner Data Bank File? (**"the Board" will obtain report**)

MARYLAND STATE BOARD OF DENTAL EXAMINERS

GUIDELINES FOR DENTAL LICENSURE BY EXAMINATION FOR FOREIGN TRAINED DENTISTS WHO ARE UNIVERSITY OF MARYLAND FACULTY

The Board may not process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

The applicant shall:

- a. Be of good moral character; and
- b. Be at least 21 years old; and
- c. Hold a DDS, DMD, or an equivalent degree, from a dental college or university that is located outside of the United States or any province of Canada; and
- d. Is currently a full time University of Maryland Dental School faculty member, who has completed at least 7 consecutive years as a full – time faculty member; and
- e. Have passed the American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) Examination.

To apply for licensure, submit the Application for Dental Licensure by Examination and enclose the following with your application:

- a. A written letter of support from the Dean of the University of Maryland Dental School stating that the School supports the Applicant to take the ADEX examination. (If you have already passed the ADEX/NERB examination the law still requires that the letter be submitted before you may be granted a license).
- b. A \$450 non-refundable fee.
- c. A photograph that meets the requirements contained in the Checklist with the following notarized statement: "The picture is a true photograph of me."
- d. Original National Board score report.
- e. Certified American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) examination report from the Commission on Dental Competency Assessments (CDCA). Applicants may make application for this examination by contacting the Commission on Dental Competency Assessments (CDCA) at **301-563-3300**.
- f. A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license.
- g. If applicable, proof of legal name change, such as a marriage certificate or court documents.

Additional Requirements:

Maryland Jurisprudence Examination. All applicants for licensure in Maryland must take and pass the Jurisprudence Examination on the Dental Laws and Regulations of this State with at least a score of 75%. It is an open book examination and may be found on the Board's website at

www.health.maryland.gov/dental/. The examination cannot be taken on-line. You must download the examination, print a hard copy, and complete the examination. Send the completed examination, notarized Affidavit Form, and \$50.00 examination fee to the Board office. Applicants may also take the examination at the Board office Monday through Friday, except holidays, between the hours of 9:00 AM and 4:00 PM. You will be scheduled for the examination after your completed application is reviewed. Please call to schedule the examination if you wish to take the examination at the Board office.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dental Examiners
The Benjamin Rush Building
Spring Grove Hospital Center
55 Wade Avenue/Tulip Drive
Catonsville, MD 21228
ATTN: Licensing Unit